

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

34405

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Cass  
(b) City or town Belton Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

8. (a) PRINT FULL NAME Catharine Jane Corey

8. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife Harvey Corey 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 1865  
(Month) (Day) (Year)

8. AGE: 78 Years Months 3 Days 14 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Bryan Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

## 11. Industry or business

- MOTHER FATHER { 12. Name William McHenry  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary Johnson  
15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Gone weeks  
(b) Address Belton Mo.

17. (a) Burial (b) Date thereof Oct. 13-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Cleveland Mo.

18. (a) Signature of funeral director Chas. E. Myers  
(b) Address Cleveland Mo.

19. (a) 10-13-43 (b) Margaret Volk  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass  
(c) City or town Belton Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 5th, 1943 to Oct 11th, 1943.  
that I last saw her alive on Oct 8th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Valvular (mitral) Heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Gertrude McKeen (M. D. or other) MD  
Address Belton, Mo. Date signed 10/13/43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**